

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107 265 639		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2							52				
3							53				
4							54				
5							55				
6							56				
7	/		/				57				
8							58				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		4				TOTAL IND.				
TOTAL DEP.	17		15				TOTAL DEP.				
TOTAL CLAIMS	20		19				TOTAL CLAIMS				